

2

CLAIMS ONLY							Application Number 09/869486		Filing Date			
							Applicant(s)					
42505							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
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14							64					
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31							81					
32							82					
33							83					
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36							86					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep	3						Indep					
Total							Total					
Depend	6						Depend					
Total							Total					
Claims	9						Claims					

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/869486

FILING DATE

APPLICANT(S)

10-16-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6	/		/		/	
7		/		/		/
8		/		/		/
9		/		/		/
10		/		/		/
11		9		/	X	
12		9		2		2
13		2		/		/
14		0		/		/
15		5		/		/
16		5		/		/
17		5		/		/
18		5		/		/
19		6		/		/
20	/		/		/	
21		/		/		/
22		/		/		/
23		/		/		/
24	/		/		/	
25	/		/		/	
26		/		/		/
27		/		/		/
28		/		/		/
29		/		/		/
30		/		/		/
31		/		/		/
32		/		/		/
33		/		/		/
34		/		/		/
35		10		/		/
36	/		/		X	
37		/		/		/
38						
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45						
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48						
49						
50						
TOTAL IND.	6		4		2	
TOTAL DEP.	89		14		15	
TOTAL CLAIMS	95		18		17	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS